POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SML		12/28/99
O.I.P.E. CLASSIFIER	7		01-12-00
FORMALITY REVIEW	BH	60745	2/3/00
RESPONSE FORMALITY REVIEW	BH	6025	3-15-00

INDEX OF CLAIMS

✔	.... Rejected	N	....	Non-elected
=	.... Allowed	I	....	Interference
—	(Through numeral)... Canceled	A	....	Appeal
÷	.... Restricted	O	....	Objected

Claim		Date									Claim		Date									Claim		Date								
Final	Original	1/23/03	7/4/03	1/30/04	5/18/04						Final	Original										Final	Original									
	1	✔										51											101									
	2	✔										52											102									
	3	✔										53											103									
	4	✔										54											104									
	5	✔										55											105									
	6	✔										56											106									
	7	✔										57											107									
	8	✔										58											108									
	9	✔										59											109									
	10	✔										60											110									
	11	✔										61											111									
	12	✔										62											112									
	13	✔										63											113									
	14	✔										64											114									
	15	✔										65											115									
	16	✔										66											116									
	17	✔										67											117									
	18	✔										68											118									
	19	✔	✔	✔								69											119									
	20	✔	✔									70											120									
	21	✔										71											121									
	22	✔	✔	✔								72											122									
	23	✔	✔	✔								73											123									
	24	✔	✔	✔								74											124									
	25	✔	✔	✔								75											125									
	26	✔	✔	✔								76											126									
	27	✔	✔	✔								77											127									
	28	✔	✔									78											128									
	29	✔										79											129									
	30	✔										80											130									
	31	✔	✔	✔								81											131									
	32	✔	✔	✔								82											132									
	33			✔								83											133									
	34											84											134									
	35	✔	✔	✔								85											135									
	36	✔	✔	✔								86											136									
	37			✔								87											137									
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	49											99											149									
	50											100											150									

If more than 150 claims or 10 actions
staple additional sheet here

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